

Biographical Data Sheet for Faculty

Form **must** be completed in its entirety and filed with the Office of the Associate Provost (CCH 291D or campus mail to Unit 5758) at initial hire before person may be assigned to teach a class. Form must be forwarded with pertinent credentials documentation (i.e. CV, official transcripts of graduate work, credentialing form). For questions related to this form or credentialing processes, contact Debbie Alvarado (debbie.alvarado@tamucc.edu).

Banner ID (A#): _____ Term: Fall Spring Summer Year: _____

Full Name: _____
Last First Middle

College (check one): BU EH LA NH SN EN

Department (check one):

BU: AFBL DSEC MGMK
ED: CILS COUN KIMS EDLD
LA: ARTD CMED DINS DHUM DSOC ENGL MUSI PSOC
 THED
EN: CSCI ENGR
NH: HLSC NUED NUPR
SN: LSCI MATH PENS

Rank (check one): Professor Associate Professor Assistant Professor Instructor Visiting Professor
 Clinical Prof Clinical Associate Prof Clinical Assistant Prof Professional Senior Prof
 Professional Associate Prof Professional Assistant Prof Research Full Prof Visiting Assistant Professor
 Research Associate Prof Research Assistant Prof Teaching Assistant* Adjunct

***Teaching Assistant (check one, as appropriate):**

- non-credit bearing section, does not assign grades
- credit-bearing section; only assists instructor but is not instructor of record
- credit-bearing section; instructor of record

Tenure Status: Tenured Tenure Track Not tenure track

If tenured, enter date: _____ If tenure track, enter review date: _____

Date of Birth (mm-dd-yyyy): _____ Sex: Female Male

Budgeted FTE for current term: _____ (e.g., one class=0.25 FTE, full-time=1.00 FTE)

Highest degree earned: _____ In discipline: _____

Highest degree school name: _____ Date Received: _____

Other degree earned: _____ In discipline: _____

Other degree school name: _____ Date Received: _____

Other degree earned: _____ In discipline: _____

Other degree school name: _____ Date Received: _____

Other degree earned: _____ In discipline: _____

Other degree school name: _____ Date Received: _____

Other professional qualifications, special skills, or graduate semester credit hours in principal discipline (ATTACH JUSTIFICATION, AS REQUIRED):

Beginning date of employment: Sept 1 June 1 Jan 1 of year: _____

Number of years of prior full-time faculty experience: _____

Home street: _____

Home city: _____ Home state: _____

Home ZIP: _____ Home phone: _____

Home phone security: = no restrictions = do not release to students = do not release to anyone except Chair, Dean or Provost